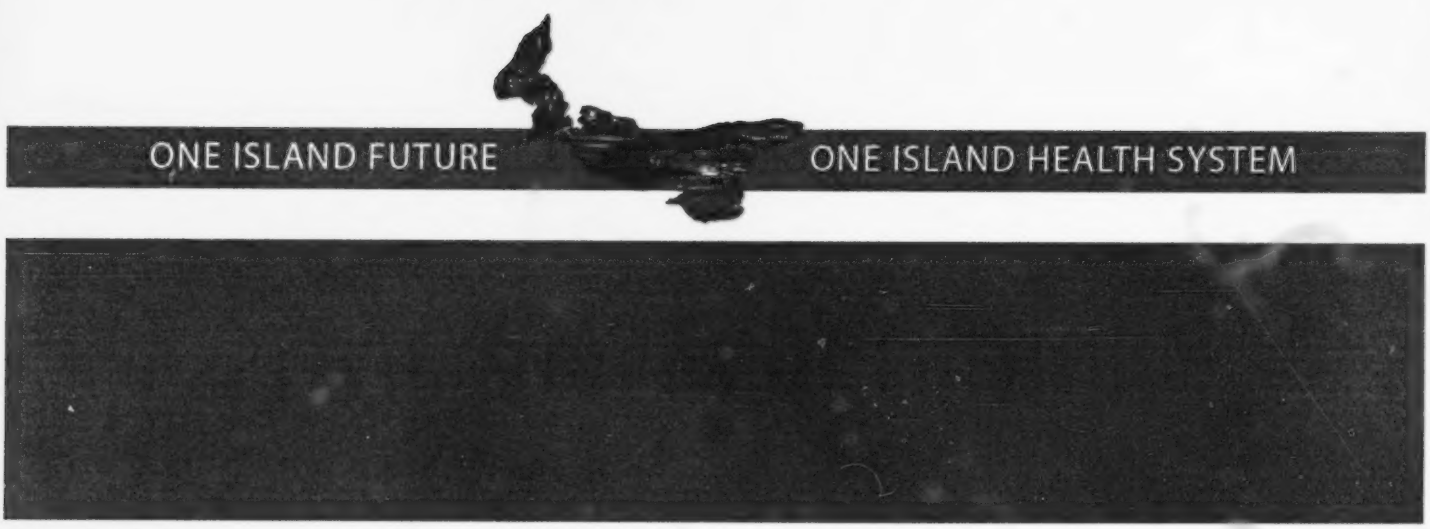
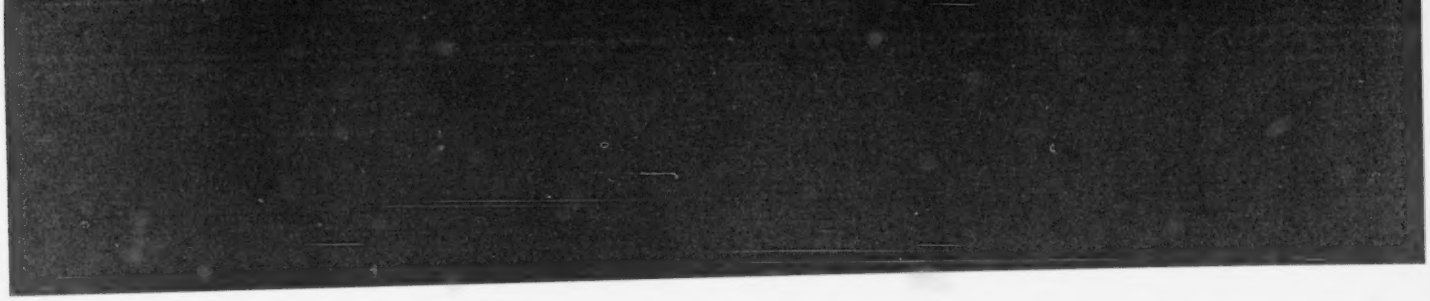
Prince Edward Island
CANADA
Department of Health

Department of Health
ANNUAL REPORT
2007-2008





Ministry of Health

Annual Report

for the year ending March 31, 2008

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2007-2008 Annual Report

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Message from the Minister

To the Honourable Barbara A. Hagerman
Lieutenant Governor of Prince Edward Island

May It Please Your Honour:

It is my privilege to present the Annual Report of the Ministry of Health for the fiscal year ended March 31, 2008.

Respectfully submitted,

Doug Currie

Doug Currie
Minister of Health

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Deputy Minister's Overview

The Honourable Doug Currie
Minister of Health
Province of Prince Edward Island

Honourable Minister:

It is my pleasure to submit the 2007-2008 Annual Report for the Prince Edward Island health system. The information included in this report, including the organizational structure, is presented as of March 31st, 2008.

I am proud of our many accomplishments in 2007-2008 and would like to highlight some major achievements:

- The Recruitment and Retention Secretariat was established to consolidate recruitment efforts, and to build a coordinated and concentrated effort on health care recruitment and retention. The secretariat provides a central resource to the health care recruitment and retention effort for government.

- The Prince Edward Island Family Medicine Residency Program was launched in conjunction with Dalhousie University Faculty of Medicine. The program is designed to provide a post-graduate family medicine training program dedicated to improving the general health and well-being of Islanders.

- The Department of Health, in collaboration with the Department of Social Services and Seniors and Provincial Treasury Information Technology Shared Services (ITSS), implemented Canada's first province-wide Drug Information System (DIS) to all Island pharmacies. The DIS captures information on all prescription drugs dispensed to Island residents and provides pharmacists, physicians, and other health care professionals with access to important information regarding their patients' medications.

- PEI launched an immunization program for girls in Grade 6 to protect against Human Papillomavirus (HPV). The HPV vaccine provides protection against 70 per cent of HPV that cause cervical cancer and 90 per cent of HPV that cause genital warts.

- The Department of Health implemented a Pre-Diabetes Screening Pilot Program. This program screens patients and encourages those at risk of developing diabetes to participate in lifestyle interventions to decrease their risk of developing diabetes.

I am pleased with the progress we have made in the last year and I look forward to meeting future challenges as we work together towards improving the health status of all citizens on PEI.

Respectfully submitted,

Keith Dewar
Deputy Minister

Overview of Department of Health

The Prince Edward Island Department of Health is responsible for the delivery and administration of publicly funded health services in the province including: public health, primary care, acute care, community hospitals and continuing care services. These services are delivered through a number of facilities and programs across the province.

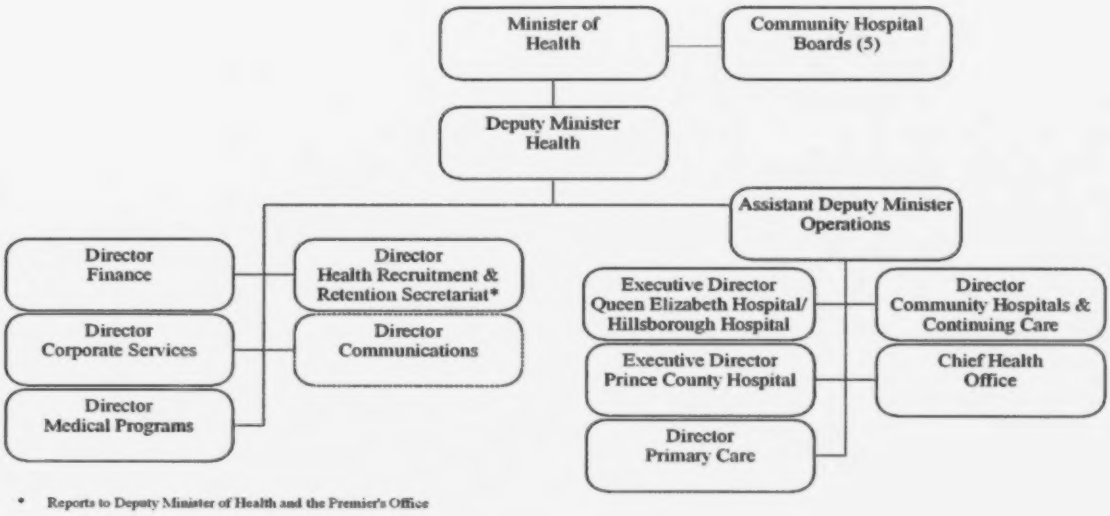
The role of the Department of Health is to:

- Provide leadership in maintaining and improving the health and well-being of citizens;
- Provide leadership in innovation and continuous improvement and to provide specific high quality administration and regulatory services to the health system and Islanders;
- Provide high quality, client-centered health services consistent with community needs.

The Department of Health is overseen by a Minister of the Crown, who is accountable for departmental performance and results to the rest of government and citizens of the province. The department is managed by a departmental management committee comprised of a Deputy Minister, Assistant Deputy Minister, and ten senior directors. Divisions of the department include: Corporate Services, Finance, Medical Programs, Communications, Health Recruitment and Retention Secretariat, Primary Care, Chief Health Office, Community Hospitals and Continuing Care, Prince County Hospital, and Queen Elizabeth Hospital/Hillsborough Hospital. This group is responsible for providing overall management direction to the department and for overseeing long term strategic planning.

Organizational Structure

As of March 31st, 2008



* Reports to Deputy Minister of Health and the Premier's Office

Roles of Divisions

Queen Elizabeth Hospital and Hillsborough Hospital

The Queen Elizabeth Hospital (QEH) serves as the major referral center for specialized hospital services. The hospital is a multi-service acute care facility that provides both community services and specialized provincial services, and supports both in-patient and outpatient care. The Hillsborough Hospital (HH) is the provincial in-patient psychiatric facility that provides specialized acute and long-term treatment and rehabilitation to people with serious and persistent mental illness, persons with intellectual disabilities, and psycho-geriatric patients. In addition, the HH provides day services for former patients. The mental health component of this division also includes the QEH Psychiatric Unit and the Emergency Crisis Response Team. Administratively, the Executive Director of QEH/Hillsborough Hospital is responsible for this division and is a member of the Departmental Senior Management Team.

Prince County Hospital

The Prince County Hospital (PCH) is the province's second largest acute care hospital and provides a wide range of in-patient, outpatient and community-based health and wellness services. Administratively, the Executive Director of Prince County Hospital is responsible for this division, including being a member of the Departmental Senior Management Team.

Community Hospitals and Continuing Care

This division provides acute care services to rural communities and supportive services to adults and seniors in need of continuing care. Programs and facilities include five community hospitals, long-term care, home care, palliative care, the Provincial Geriatrician Program, the PEI Dialysis Program, convalescent care/restorative care, under 60 population care and the Adult Protection Program. Administratively, the Director of Community Hospitals and Continuing Care is responsible for this division and is a member of the Departmental Senior Management Team.

Primary Care

This division provides primary health care services. Programs and facilities include Community Mental Health and Addictions (including the Provincial Addictions Treatment Facility), seven health centres, Public Health (including Public Health Nursing, Speech Language/Audiology, and Community Nutrition), Diabetes Education, Chronic Disease Management, and Healthy Living. Administratively, the Director of Primary Care is responsible for this division and is a member of the Departmental Senior Management Team.

Chief Health Office

This division provides public health, health protection and regulatory services throughout the province. Programs and services include administration and enforcement of the *Public Health Act* and supervision of related public health programs, communicable disease surveillance, prevention and control, immunization programs, Environmental Health, Vital Statistics, Reproductive Care, Emergency Health Services (including pandemic planning), and Epidemiology. Administratively, the Chief Health Officer is responsible for this division and is a member of the Departmental Senior Management Team.

Finance

This division is responsible for the preparation and coordination of the Department of Health's budget ensuring that public funds are properly budgeted and monitored. The division is also responsible for the timely and accurate processing, administration, and reporting of accounts payable, accounts receivable, and payroll transactions for the Department of Health. The management of economical procurement of goods and services as well as inventory management for all Department of Health sites is also a responsibility of this division. Administratively, the Director of Finance is responsible for this division and is a member of the Departmental Senior Management Team.

Medical Programs

This division is responsible for the delivery of medical programs and services which include the Provincial Medicare Program, physician services, physician referrals, medical education, physician billing assessment and payment, Out-of-Province Liaison Program, air and ground ambulance, in-province and out-of-province medicare claims, medical technology assessment, Inter-provincial Blood Services, and organ and tissue donation. Administratively, the Director of Medical Programs is responsible for this division and is a member of the Departmental Senior Management Team.

Corporate Services

The primary function of this division is to support and assist the Department of Health in carrying out its corporate role of improving efficiency, effectiveness and consistency within the department. This is achieved by providing leadership and support to the Minister/Deputy Minister/department in the areas of human resource management, planning and evaluation, policy development and analysis, health information, records information management, legislation, French language services, quality and risk management, wait times, community care and nursing home inspection, and the administration of the *Freedom of Information and Protection of Privacy Act* for the department. Administratively, the Director of Corporate Services is responsible for this division and is a member of the Departmental Senior Management Team.

Communications

This division provides advice, assistance and support with media relations and communication initiatives of the Department of Health. Programs and services include crisis communications, issues management, media relations, communications training, internal communications, communications policies and standards. Administratively, the Director of Communications is responsible for this division and is a member of the Departmental Senior Management Team.

Health Recruitment and Retention Secretariat

This division provides health human resource planning and undertakes recruitment and retention efforts to meet the current and future needs for physicians, nurses and allied health professions. Programs include the Physician Recruitment and Retention Strategy, Nursing Recruitment and Retention Strategy, Health Care Futures (provides summer employment to Island students in health care facilities and programs throughout the Island), and Allied Health Professions recruitment (e.g. Medical Laboratory Technologists, Radiation Therapists, Ultrasonographers). Administratively, the Director of the Health Recruitment and Retention Secretariat is responsible for this division and is a member of the Departmental Senior Management Team.

Community Hospital Authorities

Note: The Community Hospital Authorities were in effect during the time period of this report (April 1, 2007 to March 31, 2008); however, they were dissolved in November 2008.

Together with the department, the health system includes five community hospital authorities which were created through the *Community Hospitals Authorities Act*, effective January 1, 2006. The five community hospital authorities are each governed by a Community Hospital Authority Board. The community hospital authorities (CHA) are as follows: the Souris CHA is responsible for Souris Hospital; the Montague CHA is responsible for Kings County Memorial Hospital; the Tyne Valley CHA is responsible for Stewart Memorial Hospital; the O'Leary CHA is responsible for Community Hospital; and the Alberton CHA is responsible for Western Hospital.

Responsibilities

Community Hospital Authority Boards

Each Community Hospital Authority Board is accountable to the Minister and has a mandate to deliver the programs and services offered through the community hospitals. Boards are to be composed of elected members, with the exception of the current interim Board members who were appointed by the Minister.

The Community Hospital Authority Boards are responsible for:

- The operation and management of the community hospital;
- Meeting the regulations of the *Community Hospital Authorities Act* and *Hospital Act*;
- Identifying and prioritizing the health services needs of the community;
- Preparing an annual business plan;
- Holding a public meeting; and
- Reporting on the facilities performance and results to the Minister and local communities.

Minister

The Minister is ultimately responsible for the administration of the *Community Hospital Authorities Act*. As such, the Minister has the authority to establish parameters and give directions to a community hospital authority in relation to planning, organization, management and delivery of health care services by the community hospital authority.

The Minister may:

- Establish annual performance targets with respect to:
  - Its development as an organization;
  - Its financial management;
  - Ensuring access to approved health services provided by the community hospital authority;
  - Achieving satisfactory patient outcomes;
  - The level of patient satisfaction with the approved health services; and
  - Any other matters prescribed by the regulations.
- Approve by-laws or policies of the community hospital authority.
- Appoint the Administrator after consultation with the Community Hospital Authority Board.

Year in Review

Reporting Framework

The former strategic plan of the health and social services system (2001-2005) no longer reflects the structure and mandate of the Department of Health. Furthermore, the priorities, activities, and results of the department are not fully aligned with the structure of the previous plan. Therefore, the former plan will no longer be used as the reporting framework.

The reporting framework for the 2007-2008 Annual Report reflects the context within which decisions were made during 2007-2008 and is organized around four broad themes that encompass the key initiatives of the department. The four broad themes are:

1. Health and Wellness of Islanders
2. Quality of Services (includes access to services and patient safety)
3. Health Workforce (includes workplace health and safety and recruitment and retention)
4. Health System Efficiency, Effectiveness and Innovation

The Department of Health is working towards the creation of a new health system plan which will identify the priorities for the coming years. Once this plan is developed, it will be used as the basis for reporting results in the future.

The following sections highlight the progress achieved by the system in 2007-2008, in relation to each of the four broad themes. The key initiatives and results achieved for each theme are identified.

This report uses the most recent available data. Some data sources do not release new information annually. This may mean that information presented in this report may not have been updated from previous reports. On the other hand, data presented in this report may vary from previous annual reports due to differences in reporting (i.e. using age standardized data) or updated data being released from the respective source. Where possible, PEI results are compared to similar Canadian data to illustrate how our province is doing within a national context.

1. Health and Wellness of Islanders

Key Strategies & Initiatives

Health Promotion/Chronic Disease Prevention

Over this past year, the Health Promotion/Chronic Disease Prevention Unit (HP/CDP) worked with partners to advance the Healthy Living Strategy. HP/CDP also worked with Primary Care staff to build capacity for health promotion.

Strategy for Healthy Living

The Prince Edward Island Strategy for Healthy Living was launched in June 2003. The strategy enables government, community alliances and non-government organizations (NGOs) to work together to encourage Islanders to address three common risk factors for chronic disease: healthy eating, active living and reduction of tobacco use. The development, implementation and evaluation of the strategy is coordinated through a provincial steering committee. The membership is comprised of provincial government departments (namely Health, Social Services and Seniors, Education, Community, Cultural Affairs and Labour, and Attorney General), municipal government, non-government organizations and the PEI Healthy Eating Alliance, the PEI Active Living Alliance and the PEI Tobacco Reduction Alliance.

Healthy Eating

The Department of Health continued to be actively involved in the implementation of the Healthy Eating Strategy which was developed and released by the PEI Healthy Eating Alliance in 2002. The goal of this strategy is to improve current eating behaviours of Island children and youth through nutrition education, promotion and by creating supportive environments.

Several initiatives were undertaken this past year to increase awareness and knowledge of good nutrition among parents and children:

- In 2007, the Healthy Eating Alliance launched a new three-year strategy (2007-2010).
- Support for the implementation of school nutrition policies in all three school boards has continued. The Western School Board has initiated a policy revision process with a view towards strengthened and more comprehensive school food policies.
- Work on the promotion of healthier school nutrition environments and the development of nutrition policies in intermediate and senior high schools has continued with funding support from the Department of Health.
- Monthly healthy eating tips were developed and distributed to elementary and consolidated schools. The tips consist of practical information to assist parents and children in making healthy life choices.

- The Access to Safe and Healthy Food Working Group continues to administer the Breakfast and Snack Programs in Island Schools. In 2007, there were 52 programs in operation, up from 18 in 2003, which served the needs of over 2,600 Island students.

Tobacco Reduction

The Department of Health continued to be an active member in the PEI Tobacco Reduction Alliance (PETRA). The Department of Health worked collaboratively with others to help non-smokers stay smoke-free, to encourage and help smokers to stop using tobacco, and to promote healthy environments by eliminating exposure to second-hand smoke.

The PETRA strategic plan was updated in 2007 with four strategic directions:

- Youth prevention and cessation
- Young adult prevention and cessation
- Adult cessation
- Protection

The Students Working In Tobacco Can Help (SWITCH) tobacco prevention clubs in Island high schools organized numerous awareness raising activities in their schools and communities.

PEI continues to be a leader in providing comprehensive, bilingual support for quitting smoking through the toll free PEI Quitline (1-888-818-6300) and the Quit Care Program at Addiction Services across the province.

The PEI Fax Referral Program is available to create linkages between health care workers and counseling services offered through the Smokers' Helpline. Fax referral forms are distributed to physicians and pharmacists, who after identifying that a patient wishes to quit, fax the form directly to the Smokers' Helpline. Trained counselors at the Helpline then initiate proactive outreach to the patient to assess the individual's needs, concerns, and to provide information on developing a quit plan and local support services.

Stepping Out Program

The PEI Stepping Out program is a pedometer-based program designed to increase the physical activity levels of Islanders. Since 2002, the Department of Health has provided funding to the PEI Active Living Alliance to offer the Stepping Out program to communities and workplaces across the Island.

In 2007-2008, 1,691 Islanders clipped a pedometer to their waistband and participated in a Stepping Out Program. Participation numbers included the Stepping Out Community Program with 175 participants, Stepping Out Schools with 336 and Stepping Out Workplace with 308. Additionally, the Workplace Wellness Challenge had 872 participants. The library "Read and Walk" program continued in 2007-2008 and the program was introduced to Seniors Clubs in PEI.

The PEI Active Living Alliance and the 2009 Canada Games Society launched a project entitled "Canada Games Activity Challenge". All Islanders were encouraged to participate by being more physically active by tracking their activity time on the PEI Active Living Alliance Website.

Living A Healthy Life with Chronic Conditions (LHLCC)
Staff and volunteers participated in a self management peer/leader master training course delivered by Stanford University. This chronic disease self management initiative is a six week module-based program. The program is intended to increase self efficacy among participants who face similar challenges though they may have different diseases. Next steps include developing the program for PEI, initiating a number of pilot sites and offering the program across the province.

Healthy Meeting and Events Policy
The Healthy Meetings and Events Policy was developed and will be piloted within the Department of Health, Garfield Street office. The policy will be presented to Health Management Committee for adoption within the entire Department of Health. The goal of the policy is to create a meeting environment that supports staff health by including healthy food choices, food safety, tobacco-free settings, physical activity and when possible, local products and greener options. This initiative will be implemented only in sites that have meetings on a regular basis and do not offer daily food services.

Primary Care/Health Promotion Committee
The Primary Care/Health Promotion Committee is working to build capacity for health promotion within the division. A multi-disciplinary committee from across the province has been taking the lead in developing and offering plain language workshops, common and consistent messaging, innovative ways to share information, educational opportunities for front line staff and leadership in moving the health promotion agenda forward.

Student Drug Survey

In November 2007, the results of the PEI 2007 Student Drug Survey were released. The PEI Student Drug Survey was a collaborative effort between the Department of Health, the Department of Education and Dalhousie University. A standardized questionnaire was administered to students in all four Atlantic provinces. The last survey was done in 2002.

Summary findings from this survey include:

- Approximately 3,000 PEI students in Grades 7, 9, 10 and 12 were surveyed and the 2007 findings for PEI showed similar rates of drug use as found in 2002. Compared to other Atlantic provinces, PEI's results were among the lowest percentages of drug use in several categories.

- Alcohol remained the drug of choice among students and the drinking rates for PEI students remained stable since 2002. The percentage of students who reported drinking at least once in the past year ranged from 8 per cent of Grade 7 students to 77 per cent of Grade 12 students.

- Cannabis use among Island youth was reported by approximately one in four students, which is similar to 2002 and lower than use in other Atlantic provinces. Rates of cannabis use ranged from 3 per cent of Grade 7 students to 37 per cent of Grade 12 students. About 5 per cent reported using stimulants, magic mushrooms or inhalants, while less than 3 per cent reported the use of other illicit drugs such as LSD, cocaine, tranquillizers or anabolic steroids.

- Student smoking rates continued to decrease since 2002 with the 2007 results showing that 15 per cent of students smoked cigarettes in the past year.

The survey provides educators, health professionals and parents with useful information to help students make healthy lifestyle choices. It also provides valuable information to develop programs and services that help Island youth and families deal with alcohol and drug use.

Pap Screening Program

The PEI Pap Screening Program was established in January 2001 to reduce the incidence and mortality from cervical cancer through regular Pap screening. Cervical cancer is largely preventable with early detection. About half of the women who develop cancer of the cervix have never had a Pap smear or have not had regular Pap smears. In 2005, 82 per cent of Island women reported that they had a Pap test done within the last three years (Canadian Community Health Survey, 2005).

Highlights of the PEI Pap Screening Program's seventh year include the following:

- **Public Education and Awareness**
  - The program held its 8th Pap Awareness Campaign, "Take Action - Regular Pap Tests Prevent Cervical Cancer," in October 2007.
  - For the third year, a television commercial was produced in collaboration with Nova Scotia and Newfoundland (aired in January 2008).

- **Enhanced Access to Pap Screening Services**
  - In response to an increasing demand for Pap clinic services, the PEI Pap Clinic continued to hold out-reach Pap clinics across the Island. These clinics have been successful at providing alternative access to under-screened women. This year clinics were also set up at Scotchford and Lennox Island as part of Well Women Clinics.
  - To assist with client care, family health centre nurses have been trained to perform Pap tests for patients. These exams are done in conjunction with physicians in the centres. It is anticipated that this increased capacity will result in improved access to Pap screening.

- **Pap Screening Guidelines**
  Draft provincial Pap screening guidelines have been developed and are currently being finalized.

Cancer Control Strategy

In October 2004, "Partners Taking Action: A Cancer Control Strategy for Prince Edward Island 2004-2015," was released. The strategy has three main goals: to reduce cancer incidence, mortality and morbidity in PEI; to enhance the quality of life of cancer patients and families; and to improve the sustainability of the health care system. The strategy includes recommendations regarding cancer prevention, screening and diagnosis, treatment and supportive care, palliative and end-of-life care, and survivorship.

This strategy was developed by an advisory committee comprised of representatives of the Canadian Cancer Society, the Department of Health and Social Services, the Hospice Palliative Care Association, the Cancer Registry, the Cancer Treatment Centre, the Health Research Institute, the Medical Society of PEI, the Provincial Health Services Authority and cancer survivors.

The PEI Cancer Control Committee was formed in 2006 to replace the Cancer Control Steering Committee. The PEI Cancer Control Committee will work through member organizations to reduce the burden of cancer on PEI. The committee's current work plan includes efforts to improve coordination of cancer programming, improve access to medications, enhance access to primary health care, reduce exposure to environmental and occupational carcinogens, meet the needs of cancer survivors and families, and develop a public reporting process to report on the strategy.

In 2007, the department conducted a feasibility study for developing a Colorectal Cancer Screening program in PEI. The results of the study will guide government decisions on Colorectal Cancer Screening. Also in 2007, government announced the creation of a cancer patient navigator position to support patients and families dealing with a cancer diagnosis.

Stroke Strategy

In August 2006, the PEI Integrated Stroke Strategy was jointly launched. The strategy has three main components - health promotion/disease prevention, stroke management and rehabilitation. The three components all aim to reduce the impact of stroke among Islanders and will be coordinated through a phased-in approach. The strategy was developed by the Heart and Stroke Foundation and the PEI Department of Health.

A number of recommendations from the strategy have been implemented, including:

- Island EMS (Emergency Medical Services) developed and implemented protocols for direct transport of suspected stroke patients to the QEH and PCH. These two health facilities are equipped to provide immediate emergency care for persons experiencing a stroke.

- t-PA therapy (clot dissolving medication) became available at the QEH and PCH and is used to lessen the severity of a stroke.

The department is continuing to work with the Heart and Stroke Foundation on implementing further recommendations in the PEI Integrated Stroke Strategy.

Immunization Program

In the fall of 2007, PEI launched an immunization program for girls in Grade 6 to protect against Human Papillomavirus (HPV). The HPV vaccine provides protection against 70 per cent of HPV that cause cervical cancer and 90 per cent of HPV that cause genital warts. The maximum benefit from this vaccine can be achieved by providing the vaccine to girls before they become sexually active. It is not approved in Canada for males at this time.

PEI Reproductive Care Program

The aim of the PEI Reproductive Care Program is to optimize fetal, maternal, newborn and family health during the prenatal through postnatal periods. In 2007/2008, a number of practice guidelines were reviewed and updated to reflect current best practice information.

Revisions were made to the prenatal resource *A New Life... Healthy Pregnancy Healthy Baby.* Recommendations were revised for *Introduction of Solid Food for all Infants.* Work was also conducted with the hospitals, where births occur, to update the guidelines for detection, management and prevention of hyperbilirubinemia in term or late preterm infants (35 or more weeks' gestation).

Additionally, work was begun to review the discharge/follow-up continuum across the province for mothers and their healthy term newborns. A new resource *Are you and your baby safe?* is also available.

PEI Diabetes PRIISME Project

In 2006, the Department of Health partnered in the development of the PEI Diabetes PRIISME project. PRIISME is a two-year pilot project using a multi-disciplinary and comprehensive approach to Type 2 diabetes care and management within a family physician-based practice. The primary intent of this two-year pilot is to develop and implement a chronic disease management model that will result in better clinical outcomes for the clients within that practice. It will also demonstrate the broader application of such a model to other family practices as well as other chronic conditions.

The project will also help implement Canadian Diabetes Association guideline-based education that will enhance competencies of other health care professionals in the community. Project partners include the Department of Health, family physicians (Dr Morais, Dr Carruthers and Dr MacKinnon), the PEI Health Association, Murphy's Pharmacy and GlaxoSmithKline (project funder).

Diabetes nurse educators began collaborative practice with physicians in October 2006. In May 2007, the project was officially launched with a major educational event for a multi-disciplinary audience. In the Fall 2007, a successful diabetes health launch was held at Murphy's Education Centre.

PEI Pre-Diabetes Screening Project

Pre-diabetes is a condition in which blood glucose levels are higher than normal, but not high enough for a diagnosis of diabetes. Research has shown that within five to ten years as many as half of the people with pre-diabetes will develop diabetes if an intervention does not occur. In 2007, the Department of Health implemented a Pre-Diabetes Screening Pilot Program to address the need for interventions with this population. Since then, the department has been involved in this diabetes screening research project at three Island health centres, namely Four Neighbourhoods, Central Queens and Gulf Shore. This project screens patients for pre-diabetes and encourages those at risk of developing diabetes to participate in lifestyle interventions to decrease their risk of developing diabetes. This project was funded by the federal government.

Aboriginal Health Transition Fund

The PEI Department of Health has convened an Advisory Committee composed of the three Aboriginal groups within PEI - Mi'Kmaq Confederacy of PEI, Native Council of PEI and the Aboriginal Women's Association of PEI.

The Advisory Committee is identifying opportunities for collaboration between the Aboriginal organizations and the province in the areas of mental health, diabetes and youth addictions. The intent is to provide opportunities for cross sharing, reducing barriers for access, and learning about competencies of both cultures, by both the Aboriginal Peoples and provincial health.

The department also participates on a Health Integration Steering Committee with Health Canada that is led by the Mi'kmaq Confederacy of PEI to discuss targeted improvements in health services for First Nations communities in PEI.

West Nile Virus Strategy

The surveillance of dead birds continued in 2007. Through the program, the Department of Health monitored reports of dead crows, ravens and blue jays, and submitted recovered birds to the Atlantic Veterinary College for West Nile Virus testing. In 2007 there were no positive tests.

Results Achieved:

Health and Wellness of Islanders

Length and Quality of Life on the Island

Life Expectancy

Life expectancy is a widely-used indicator of overall population health. Life expectancy is defined as the number of years that a person could expect to live on average, based on the mortality (death) rates of the population in a given year. The following table outlines life expectancy by gender, for Islanders compared with all Canadians presented as five-year averages for the period from 1991 to 2005.

Life expectancy in years, five year average rates, 1991 to 2005

	1991-1995		1996-2000		2001-2005	
	men	women	men	women	men	women
PEI	73.8	81	75.1	81.2	76.4	81.8
Canada	74.9	81	76	81.5	77.5	82.4

Source: Statistics Canada, Vital Statistics, Birth and Death Databases

Life expectancy is an average and does not reflect individual health circumstances. Nevertheless, these findings reveal several trends:

- Life expectancy rates in Prince Edward Island have been similar to Canadian rates over the past 15 years.
- Women lived on average 5.4 years longer than men in this province in 2001-2005.
- The gender gap is shrinking. Male life expectancy improved by 2.6 years between 1991-1995 and 2001-2005 in PEI. Female life expectancy improved by 0.8 years during that period.

Infant Health

Infant Mortality

The rate of infant mortality (children under one year of age) is affected by a variety of factors, including quality of maternal and childcare services provided by the health system and health care providers, as well as social factors such as maternal education, smoking and nutritional deprivation. Rates of infant mortality for PEI and Canada, presented as five-year averages for the period from 1982 to 2005, are outlined in the table below.

Infant mortality: five year average rates per 1,000 live births for the past two decades, 1982 to 2005					
	1982-1986	1987-1991	1992-1996	1997-2001	2002-2005*
PEI	7.02	6.56	5.3	5.94	3.23
Canada	8.3	6.96	6.08	5.32	5.35

Source: Statistics Canada, Vital Statistics, Birth and Death Database

* *This is reported as a four year average as the 2006 data has not been released yet.*

- Over the past two decades, infant mortality rates have decreased steadily for PEI and Canada, with the exception of a slight increase for PEI in 1997-2001.

Birth Weight

Birth weight is a reliable predictor of a newborn's chances of survival and future health. Both low birth weight and high birth weight are associated with a variety of health risks.

Low birth weight is associated with decreased chances of infant survival and increased risk of disease and disability, with examples including cerebral palsy, visual problems, learning disabilities and respiratory problems. Appropriate medical care and a healthy maternal lifestyle can improve the chances that the baby will have a healthy birth weight.

The low birth weight rate is the proportion of babies born with a birth weight of greater than 500 grams and less than 2,500 grams (just over five pounds) in relation to the total number of live births in a given year, stated as a percentage.

High birth weight is associated with maternal obesity and gestational diabetes. High birth weight poses increased risk for complications during delivery for mother and baby.

The high birth weight rate is the proportion of babies born with weights greater than 4,500 grams (just under ten pounds) in relation to the total number of live births in a given year, stated as a percentage.

Note: The definitions of low and high birth weight were adjusted from previous years to align with the reporting definitions used by the PEI Reproductive Care Program and the World Health Organization reporting recommendations. All numbers were retroactively adjusted to reflect this change.

Low and high birth weight rates, 2002 to 2006					
	2002	2003	2004	2005	2006
Low Birth Weight Rate					
PEI	5.3%	3.9%	5.5%	5.3%	5.0%
Canada	5.7%	5.7%	5.8%	5.9%	6.1%
High Birth Weight Rate					
PEI	3.2%	3.2%	3.0%	3.2%	2.3%
Canada	2.2%	2.1%	2.0%	1.9%	1.8%

Source: Statistics Canada, Canadian Vital Statistics, Birth Database

- The low birth weight rate on PEI is consistently among the lowest rate in Canada.

- The rate of high birth weight babies born in PEI during the years 2002-2006 was higher than the Canadian average.

Self-reported Health

Self-reported health is based on the response provided by individuals in the Canadian Community Health Survey when asked to rate their own health. Self-reported health reflects how healthy individuals feel they are, and is a general indicator of the overall health status of individuals. This indicator includes features that other measures may miss, such as disease severity, coping skills, psychological attitude and social well-being. Numerous studies have found that self-reported health can predict death rates even when more objective measures are taken into account. The table below presents the proportion of the population aged 12 and older who reported that their health was "very good" or "excellent" in 2003 and 2005.

Self-reported health, the proportion of the population aged 12 years & over who reported "very good" or "excellent" health, age standardized, 2003 and 2005

	2003	2005
PEI	66.0%	60.9%
Canada	59.8%	61.5%

Source: Statistics Canada, Canadian Community Health Survey, 2003 and 2005

- The proportion of respondents who reported "very good" or "excellent" health was similar for both PEI and Canada in 2005.

- On PEI, the proportion of respondents who reported "very good" or "excellent" dropped from 66.0% in 2003 to 60.9% in 2005.

Major Health Concerns

Several acute and chronic conditions including cancer, heart attack, stroke, diabetes, arthritis and asthma, pose major health problems for the general adult population of Prince Edward Island.

Cancer and Cardiovascular Disease

There are many types of cancer, but the most common forms are colorectal, lung, prostate and breast. The following table outlines the estimated incidence rates for these leading cancers for 2007. Incidence rates are based on the number of newly diagnosed primary cancer cases in a given year per 100,000 population.

Estimated age-standardized cancer incidence rates (per 100,000 population), 2007					
		colorectal	lung	prostate*	breast**
PEI	male	65	82	169	n/a
	female	58	49	n/a	111
Canada	male	62	68	122	n/a
	female	41	50	n/a	104

Source: Public Health Agency of Canada, CCDPC, Surveillance Division (as cited in Canadian Cancer Society/National Cancer Institute of Canada: Canadian Cancer Statistics 2007)

* *Male population only*

** *Female population only, although a small number of men each year are diagnosed with breast cancer.*

- For both men and women, incidence rates for colorectal, prostate and breast cancer were higher for PEI than Canada. For lung cancer, the incidence rate for men was higher for PEI than Canada; however, the incidence rate for women was similar between PEI and Canada.

- Prostate cancer is the most frequently occurring cancer in men, with an estimated incidence rate for 2007 of 169 per 100,000 people in PEI.

- Breast cancer is the most frequently occurring cancer in women, with an estimated incidence rate of 111 per 100,000 people in PEI for 2007.

The two following tables present the mortality rates associated with the most common forms of cancer, and heart attack and stroke. Cancer mortality rates are based on the number of people who die each year as a result of a particular cause or condition per 100,000 population.

Estimated age-standardized mortality rates (per 100,000 population) for major cancer sites, 2007					
		colorectal	lung	prostate*	breast**
PEI	male	31	79	27	n/a
	female	23	53	n/a	27
Canada	male	26	61	25	n/a
	female	16	40	n/a	23

Source: Public Health Agency of Canada, CCDPC, Surveillance Division (as cited in Canadian Cancer Society/National Cancer Institute of Canada: Canadian Cancer Statistics 2007)

* *Male population only*

** *Female population only, although a small number of men each year are diagnosed with breast cancer.*

- The mortality rate for prostate cancer in men is comparable to that of breast cancer in women, even though the incidence rate for prostate cancer is higher. Prostate cancer is relatively slow-growing and many men diagnosed with it die of other causes before dying of prostate cancer.

Mortality rates for heart attack and stroke		
	2003/04 to 2005/06*	2004/05 to 2006/07*
30-day acute myocardial infarction (heart attack) in-hospital mortality rate		
PEI	14.2%	12.8%
Canada	10.3%	10.0%
30-day stroke in-hospital mortality rate		
PEI	17.1%	16.2%
Canada	18.3%	18.2%

Source: CIHI, Health Indicators 2008

* *Rates are based on three years of pooled data*

- PEI had higher 30-day in-hospital mortality rates for heart attacks than Canada.
- The 30-day in-hospital mortality rates for stroke were lower on PEI compared to Canada.
- Both the 30-day in-hospital mortality rates for heart attack and stroke were slightly lower on PEI in 2004/05 to 2006/07 compared to 2003/04 to 2005/06.

Chronic Disease

Prevalence of arthritis, asthma, heart and stroke, and depression

The following table reports the prevalence of arthritis, asthma, heart and stroke, and depression as found in the 2003 and 2005 Canadian Community Health Survey. The prevalence rate for a disease is the percentage of the population aged 12 and over who reported in the survey that they were diagnosed with a particular disease by a health professional.

Prevalence of self-reported cases of chronic disease, aged 12 and over, age standardized, 2003 and 2005					
		arthritis*	asthma**	heart and stroke***	depression****
PEI	2003	18.3%	9.32%	4.94%	6.3%
	2005	17.5%	8.85%	6.29%	3.8%
Canada	2003	15.2%	8.59%	5.18%	6.0%
	2005	14.6%	8.49%	4.92%	5.3%

Source: Statistics Canada, Canadian Community Health Survey, 2003 and 2005

* *Arthritis includes rheumatoid arthritis and osteoporosis, but excludes fibromyalgia.*

** *Asthma includes asthma, but excludes bronchitis and emphysema*

*** *Heart and stroke includes heart disease and stroke, but excludes high blood pressure*

**** *Depression refers to the proportion of the population aged 12 and over who show symptoms of depression, based on their responses to a set of questions that establishes the probability of suffering a "major depressive episode" as defined by DSM-III-R and ICD-10. Probable risk (0.90) of depression was indicated with at least one episode of 2 weeks or more with depressed mood, loss of interest, and health problems.*

- Self-reported prevalence rates for most of the chronic conditions listed above remained relatively constant from 2003 to 2005 for both PEI and Canada. The prevalence of depression on PEI decreased by approximately 2 per cent from 2003 to 2005.

- Arthritis was the most prevalent chronic condition in both PEI and Canada in 2003 and 2005 compared to asthma, depression, and heart and stroke.

Prevalence of Diabetes

The following table reports the prevalence of self-reported cases of diabetes for PEI and Canada as found through the Canadian Community Health Survey in 2003 and 2005.

Prevalence of self-reported cases of diabetes, aged 12 and over, aged standardized, 2003 and 2005

	2003	2005
PEI	4.70%	5.32%
Canada	4.14%	4.33%

Source: Statistics Canada, Canadian Community Health Survey, 2003 and 2005

- Self-reported diabetes prevalence rates remained relatively constant from 2003 to 2005 for both PEI and Canada.

Incidence of Notifiable Diseases

A number of diseases can be controlled by immunization programs. The table below reports the incidence rates for six vaccine preventable diseases. Incidence rates are the number of new cases in a given year per 100,000 population.

Notifiable diseases, incidence rate per 100,000*

		2001	2002	2003	2004
invasive meningococcal	PEI	0	0	0	0.73
	Canada	1.19	0.68	0.55	0.6
haemophilus influenzae b (invasive) (HIB)	PEI	0	0	0	0
	Canada	0.15	0.14	0.14	0.22
measles	PEI	0	0	0	0
	Canada	0.11	0.02	0.05	0.03
tuberculosis	PEI	2.2	0.7	no data	no data
	Canada	5.5	5.2	no data	no data
pertussis	PEI	6.6	0	29.9	11.6
	Canada	9.5	10.3	7.1	8.8
hepatitis C	PEI	19.8	27.8	27.7	22.5
	Canada	54.3	50.9	45	44.7

Source: Health Canada, Notifiable Disease Reporting System

* *The numbers in this table were updated from previous Annual Reports based on updated Health Canada data.*

- There have been no reported cases of invasive haemophilus influenzae b since 1995, or the measles since 1992. Immunization is now available for invasive meningococcal, haemophilus influenzae b and measles.

Outbreaks of pertussis occur every 3-4 years in PEI and the increase in the number of cases seen in 2003-04 reflects that trend. Efforts to control outbreaks of pertussis included the following:

- The upgrade in 2003 of the Grade 9 booster to include acellular pertussis with the tetanus-diphtheria immunization routinely given.

- Immunization of over 7,000 school age students between Grades 3-12 (excluding Grade 10) in the 2004 Adacel Clinical Trial.

- Offering a one-time dose of Adacel as the tetanus containing immunization adult booster in Public Health Nursing clinics since 2003.

Use of these recommended practices should result in fewer cases of pertussis in the school age and adult populations in the future.

Lifestyles, Risk Factors and Health

Smoking

Tobacco use is the leading cause of preventable illness and death in Canada. This table reports the percentage of the population over age 15 who reported they were current smokers in the Canadian Tobacco Use Monitoring Survey.

Reported smoking rates of current smokers (aged 15+), 2003 to 2007

	2003	2004	2005	2006	2007
PEI	21%	21%	20%	19%	18%
Canada	21%	20%	19%	19%	19%

Source: Canadian Tobacco Use Monitoring Survey, 2003-2007

- In 2007, 18 per cent of Islanders reported being current smokers - a decrease from 21 per cent in 2003.

Teen Smoking

Youth smoking is a concern since nicotine is an addictive substance and approximately eight out of every 10 people who try smoking become habitual smokers.

The following table reports the percentage of the population aged 15 - 19 (inclusive) who reported in the Canadian Tobacco Use Monitoring Survey that they were current smokers.

Reported teenage smoking rates of current smokers (aged 15-19), 2004 to 2007

	2004	2005	2006	2007
PEI	17%	13%	14%	13%
Canada	18%	18%	15%	15%

Source: Canadian Tobacco Use Monitoring Survey, 2004-2007

- The PEI rates for teen smoking were lower than the Canadian rates.

Fitness and Nutrition

Reported Physical Activity

Regular physical activity provides many well documented physical and mental health benefits. Conversely, physical inactivity is a risk factor for a variety of serious illnesses, including heart disease and diabetes. The following table provides a summary of activity rates for people in PEI and Canada reported through the 2003 and 2005 Canadian Community Health Surveys. Survey respondents were asked about the frequency, duration, and intensity of their participation in leisure-time physical activity during the previous three months. The following table presents the percentage of the population aged 12 and over who rated their physical activity as either ***"active"*** or ***"inactive"***.

Self-reported physical activity rates, aged 12 and over, aged standardized, 2003 and 2005

	2003		2005	
	active	inactive	active	inactive
PEI	23.8%	54.3%	22.3%	54.6%
Canada	27.5%	47.4%	27.6%	47.2%

Source: Statistics Canada, Canadian Community Health Survey, 2003 and 2005

- Physical activity rates in PEI were lower than Canadian rates in 2003 and 2005.
- In 2003 and 2005, over 50% of Islanders were inactive.

Reported Body Mass Index (BMI)

Obesity is a risk factor for a number of serious illnesses, including high blood pressure, stroke, type 2 diabetes, heart disease, osteoarthritis and other musculoskeletal disorders and cancer.

Body Mass Index (BMI) is used as a measure to determine appropriateness of weight in relation to overall body size. This measure is calculated by dividing weight in kilograms by height in meters squared. Obesity is defined as a Body Mass Index above the threshold of 30.

The following tables present actual overweight and obesity rates of adults aged 18 years and older and children aged two to 17 years as reported in the 2004 Canadian Community Health Survey.

Overweight and obesity rates, aged 18 and older, 2004

		overweight	obese	overweight/obese
PEI	female	31.0%	30.3%	61.4%
	male	49.8%	22.1%	71.9%
Canada	female	30.2%	23.2%	53.4%
	male	42.0%	22.9%	65.0%

Source: 2004 Canadian Community Health Survey: Nutrition

- Compared to the Canadian average, a larger percentage of Islanders, both men and women, are overweight or obese.

- On PEI, the overall percentage of overweight/obese is higher for men compared to women (71.9% versus 61.4%). Women have a higher rate in the obese category and men have a higher rate in the overweight category for ages 18 and older.

Overweight and obesity rates, aged 2 to 17, 2004

	overweight	obese	overweight/obese
PEI	22.4%	7.8%*	30.2%
Canada	18.1%	8.2%	26.2%

Source: 2004 Canadian Community Health Survey: Nutrition

* *Interpret with caution*

- A larger percentage of children on PEI are overweight and a slightly lower percentage are obese compared to Canada. Body weight is higher than desirable for approximately 30 per cent of youth aged 2 and 17 years on PEI.

Diet: Fruit and Vegetable Consumption

Diet and health are closely connected. Poor dietary habits are linked to a number of serious illnesses, including cancer and heart disease. Adequate fruit and vegetable consumption is a basic component of a healthy diet. The Canada Food Guide recommends the following number of servings of fruit and vegetables per day:

- Children 2-3 yrs of age, 4 servings/day
- Children 4-8 yrs of age, 5 servings/day
- Children 9-13 yrs of age, 6 servings/day
- Teens female 14-18 yrs, 7 servings/day
- Teens males 14-18 yrs, 8 servings/day
- Adult females 19-50 yrs, 7-8 servings/day
- Adult, males 19-50 yrs, 8-10 servings/day
- Adults 50+ years, 7 servings/day

Average daily fruit and vegetable consumption is used as an indicator of the dietary habits of the population. The following table presents self-reported rates of fruit and vegetable consumption for the population aged 12 and older as reported in the Canadian Community Health Survey.

Self-reported fruit and vegetable consumption rates, aged 12 and over, aged standardized, 2003 and 2005		
	2003	2005
	5 or more times per day	5 or more times per day
PEI	31.4%	32.7%
Canada	41.5%	43.9%

Source: Statistics Canada, Canadian Community Health Survey, 2003 and 2005

- Fruit and vegetable consumption rates were lower by approximately 10 per cent in PEI when compared to Canada in both 2003 and 2005.

- In 2005, only 32.7% of Islanders ate five or more servings of fruit and vegetable per day.

Early Prevention

Influenza Immunization: Adults Aged 65 and Older

Influenza can pose a serious health risk for many people, including those aged 65 and over. Immunization is effective in preventing the flu. Immunization for those most at risk for complications associated with influenza, including adults aged 65 and older, is an important prevention measure.

The following table presents the percentage of the population 65 years of age and over who reported having a flu shot in the 12 months prior to the survey.

Self-reported influenza immunization rates, aged 65 and over, 2003 and 2005		
	2003	2005
PEI	72.1%	69.8%
Canada	75.7%	71.3%

Source: Statistics Canada, Canadian Community Health Survey, 2003 and 2005

Influenza immunization rates are similar for both PEI and Canada, with approximately 70% of people aged 65 and over receiving a flu shot in 2005.

Children and Second-Hand Smoke

Exposure to environmental tobacco smoke (second-hand smoke) is harmful to children, and is associated with respiratory illness, sudden infant death syndrome (SIDS) and ear infections. Children are especially vulnerable to the effects of second hand smoke because their bodies are still developing, their breathing rates are higher than adults, and they have little control over their indoor air environments. The following table reports the percentage of children regularly exposed at home to environmental tobacco smoke.

Exposure of children at home to environmental tobacco smoke, 2005 to 2007			
	2005	2006	2007
PEI			
% Children Age 0-11	12%	9%	7%
% Children Age 12-17	17%	14%	16%
% Children Age 0-17	14%	11%	11%
Canada			
% Children Age 0-11	9%	9%	7%
% Children Age 12-17	16%	14%	13%
% Children Age 0-17	12%	11%	10%

Source: Canadian Tobacco Use Monitoring Survey, 2005 and 2007

- PEI rates are similar to national rates across age and time.

Breast-Feeding

Breast-feeding is a recommended source of nutrition for babies. More than just a food source, breast milk contains immunoglobulins and antibodies which provides the baby with protection against disease. Breast-fed babies have fewer childhood illnesses, such as gastrointestinal and respiratory infections, asthma, eczema, food allergies, and middle ear infections than other babies. There is evidence as well that breast-feeding may contribute to cognitive development.

The table below reports the percentage of women who were breast-feeding at hospital discharge on PEI.

Breast-feeding rates (at hospital discharge) on PEI, 2004-05 to 2007-08				
	2004-05	2005-06	2006-07	2007-08
PEI	63.5%	64.5%	65.0%	69.5%

Source: Integrated Services Management (ISM), 2004-05 to 2007-08

- Breast-feeding rates have been increasing on PEI from 2004-05 to 2007-08.

Early Detection

Pap Screening Rates

More than 90 per cent of cervical cancer can be prevented by regular screening with the Pap test. The PEI Pap Screening Program was established in 2001. Program objectives included: reduction of incidence and mortality from cervical cancer among Island women; increased accessibility to the service; and increased number of women screened.

Pap screening rates are the percentage of women between 20 and 69 who participated in a Pap screening program within a defined period of time.

PEI Pap screening rates, by age group, 2001-2003			
	screening period		
age group	one year (2003)	two years (2002-2003)	three years (2001-2003)
20 to 34	44%	62%	69%
35 to 49	39%	59%	67%
50 to 69	37%	52%	57%
total 20 to 69	40%	58%	65%

Source: PEI Pap Screening Program, 2003 Report

- Approximately 40 per cent of Island women between the ages of 20 and 69 were screened with a Pap annually in 2003. Over a three year period (2001-2003), 65 per cent of Island women underwent a Pap screening.

- Participation in Pap screening decreases with age, regardless of the screening interval, with the highest participation rate for women in their reproductive years.

The Canadian Community Health Survey (CCHS) also provides information on Pap screening rates. These participation rates are based on self-reported data and tend to be less accurate than the findings from the PEI Pap Screening Program. However, the CCHS data does allow for comparison to the Canadian average. The following table presents the percentage of women aged 20-69 who reported receiving a Pap screen within the past three years.

Self-reported Pap screening rates, aged 20-69, 2001-2005		
	2001-2003	2003-2005
PEI	78.2%	82.5%
Canada	70.1%	75.7%

Source: Statistics Canada, Canadian Community Health Survey, 2003 and 2005

- In 2005, 82.5 per cent of Island women reported that they had a Pap screen within the past three years. This was up from 2003, and was above the Canadian average of 75.7 per cent.

Mammography Rates

Breast cancer continues to be the most frequently diagnosed form of cancer for women in Canada. However, breast cancer mortality rates have been declining over time. Improved breast cancer screening programs and treatments have contributed to the decrease. On PEI, there were 12,674 mammograms performed in 2007/2008. This number includes women of all ages and both diagnostic and screening mammograms performed at the QEH and PCH.

The following table shows the percentage of women aged 50-69 who reported receiving a mammogram for routine screening or other reasons within the past two years as reported in the Canadian Community Health Survey.

Self-reported mammography screening rates, aged 50-69, 2002-2005		
	2002-2003	2004-2005
PEI	70.7%	64.9%
Canada	72.6%	72.1%

Source: Statistics Canada, Canadian Community Health Survey, 2003 and 2005

- In 2005, 64.9% of Island women aged 50-69 reported having a mammogram within the previous two years. This was down from 2003, and was lower than the Canadian average of 72.1%.

- Actual mammography screening rates tend to be lower than self-reported rates.

2. Quality of Services

Key Strategies & Initiatives

Queen Elizabeth Hospital Redevelopment

The Queen Elizabeth Hospital (QEH) opened in 1982. There have been many changes in programs, services and standards over these years. The QEH Redevelopment process aims to ensure that health care services can continue to be efficiently and effectively delivered well into the future.

The QEH Redevelopment project will be implemented in two phases. Phase 1 of the project includes the initial architectural design and construction of a new Emergency Department and Ambulatory Care Centre and improvements to Day Surgery. This phase also includes essential upgrades to support services such as Laundry, Materials Management and Supply, Processing and Distribution (SPD). Phase 1 will be designed and developed over the next five years.

The Master Program/Master Plan and Functional Program for Phase 1 of the QEH Redevelopment project have been completed. The Functional Program is a detailed written description of how each department within the QEH will function and what resources (staff, space, equipment and technology) will be required.

Consultations for the first part of Phase 1 (including the Emergency Department, SPD, Materials Management and Laundry) is an ongoing part of this project. The expected completion date of this part of Phase 1 is in the spring of 2010. Engineering and architectural design for Ambulatory Care began in the spring of 2009 with construction to start in the fall of 2009.

Wait Times Strategy

In September 2004, the First Ministers agreed that access to timely care across Canada was their biggest concern and a national priority. As part of *A 10-Year Plan to Strengthen Health Care*, all governments agreed to work collaboratively in "Reducing Wait Times and Improving Access." Five priority areas were identified, including cancer (radiation therapy), heart, diagnostic imaging, joint replacements and sight restoration.

The *PEI Wait Time Strategy 2007-2010* was released to the public which outlined strategies to improve access to services in each of the four priority areas on PEI, including joint replacement, CT/MRI scans, radiation therapy and cataract surgery (cardiac surgeries are not included as they are performed out-of-province). This document also defined the five strategic goals to improve access to care: accountability, access management, systems design, communication, and evaluation.

In March 2008, the provincial Wait Times Strategy Steering Committee was formed and held its first meeting. The two co-chairs appointed were Dr. Laukkanen and Teresa Hennebery, and committee membership includes physicians, surgeons, directors and managers. Treasury Board approved the submission for a full-time wait times coordinator and a part-time health information specialist. These positions were posted and filled. It is anticipated that an additional Treasury Board submission will be submitted in the 2008/09 fiscal year for the addition of 28.08 FTE's into the health system to decrease wait times in the areas of cataracts, joint replacement, diagnostic imaging (CT and MRI) and radiation therapy.

Patient Wait Time Guarantee

Prince Edward Island has signed an agreement with the federal government stating its commitment to establish a patient wait time guarantee for radiation therapy services offered in PEI by 2010. Patients will be guaranteed to receive service within eight weeks of their "ready to treat" date. Once the guarantee is in place, patients who cannot receive their service in PEI within eight weeks will be offered alternate care options and/or option to receive services in another Atlantic province or Ontario. Patients that travel out-of-province as part of the 2010 guarantee will receive compensation for travel and accommodations.

To meet this guarantee, PEI has developed a pilot project entitled *Saving Time & Saving Lives: A Provincial Strategy for Ensuring Radiation Therapy Patient Wait Time Guarantees*. This project has begun implementation of a multifaceted strategic plan to include: 1) assessing capacity and accessibility of radiation therapy services in Atlantic provinces and Ontario; 2) developing an inter-provincial mutual aid recourse agreement with associated data sharing; and 3) exploring provincial process and workflow efficiencies with deployment and evaluation of human resource role innovations.

Patient Registry Program

The Patient Registry Program, established in 1998 as a provincial service, continues to be an important tool to assist Islanders in obtaining a family physician. In 2007-2008, the program launched a province-wide advertisement campaign to promote the registry. Individuals who do not have a family doctor and wish to place their name on the patient registry can do so by dialing **1-800-321-5492.** Individuals on the registry are placed with new physicians who start practice in PEI, as well as Island physicians who request new patients.

Family Health Centres (FHCs)

FHCs are community-based and provide a defined set of services with emphasis placed on diagnosis and treatment, health promotion, illness prevention and chronic disease management. These centres bring together physicians, registered nurses and other health providers to work collaboratively with shared responsibility for patient and client outcomes based on assessed health care needs. Family health centres are based on the interdisciplinary collaborative practice model and continue to be an integral part of primary health care.

Collaborative practice family health centres on the Island include: Eastern Kings (Souris); Four Neighbourhoods (Charlottetown); Central Queens (Hunter River) and Gulf Shore (satellite site in Rustico); Harbourside (Summerside); and Beechwood (O'Leary). Other family practice models include: Southern Kings (Montague) and Evangeline (Wellington).

A yearly influenza vaccine program is available at each FHC for current patients and for patients without a family physician in their geographic area. Additionally, a Pap screening service has been established for health centre patients who prefer a female practitioner.

Central Line Dialysis Pilot Project

Many diseases contribute to kidney failure, but the most common causes are diabetes and high blood pressure. Dialysis is required when kidneys become permanently impaired and can no longer function normally to maintain life. Dialysis cleans the blood of wastes and removes excess fluid.

There are two ways to deliver hemodialysis - peripheral vascular access and tunneled catheter access. Peripheral vascular access is the medically preferred method and approximately 50 per cent of hemodialysis patients on PEI undergo this type of treatment. For some people, this method is not a viable option and tunneled catheter dialysis is required.

PEI participated in a pilot project to offer tunneled catheter (central line) hemodialysis. The treatment was initially made available from the existing satellite dialysis clinic located in East Prince. On the basis of positive results in the pilot, the service was extended to Queen's Dialysis Unit in Charlottetown and the Souris Dialysis Unit. In September 2007, the service was expanded to the West Prince Site in Western Hospital. All four sites are currently providing central line dialysis.

French Language Services

The provision of health services in French is a high priority for the Acadian and Francophone community. Accordingly, the Department of Health, in consultation with the PEI French Language Health Services Network, has worked towards the implementation of the *French Language Services Act*.

The second annual French Language Health and Social Services Forum took place November 30th, 2007. The Forum's objectives were: 1) to build on the achievements from the 2006 Forum; 2) to inform and educate the bilingual providers on ways to improve French language services and the impact of language barriers on service quality; and 3) to bring together bilingual employees from the Department of Health and Department of Social Services and Seniors to network and to initiate working relationships which could lead to improved delivery of French language services for the Acadian and Francophone community of PEI. One of the highlights of the forum was the presentation by Dr. Alexander Green from Harvard Medical School entitled *The Impact of Language Barriers on Health Care.*

The Department of Health actively participated in the development of the position paper entitled *The Impact of Communication Challenges on the Delivery of Health Care to Minority Language Clients and Communities* with the French Language Health Services Network. The Department of Health also extended its support to the submission of this report and its findings to the Canadian Council on Health Services Accreditation. Since then, the paper and its findings were communicated in the Department of Health through direct presentations to quality teams and the second annual French Language Health and Social Services Forum mentioned above featuring Dr. Alexander Green.

Youth Addictions Strategy

In late 2006, the Department of Health was asked to embark on a strategy to develop comprehensive community-based services for youth dealing with substance abuse/addictions. The effort included consultations related to further development of youth substance use and addictions services and programming in the province.

Throughout 2007, a range of community and government service provider consultations occurred. A strategy framework was then developed and validated through a second round of community consultations in December 2007.

In January 2008, a broad community and government Advisory Committee was developed along with three working groups in the following areas: 1) Prevention, Education and Early Intervention; 2) Treatment; and 3) Counseling and Aftercare.

Through the winter and spring of 2008, the Advisory Committee and planning groups met with best practice experts in the fields of prevention and treatment. They also studied program and service models across Canada and internationally. The planning effort focused on developing prevention and education efforts (including social marketing campaigns), community-based collaborative initiatives (government and community driven) and broadening the range of available treatment services and programming for Island youth and families.

Environmental Health Inspections

In 2007, the Department of Health began to publically release information regarding inspections done in restaurants and tobacco retail outlets by Environmental Health Services. A summary of health orders, warnings and fines issued to restaurants, as well as warnings and fines issued to tobacco retailers, are now publicly posted to the Department of Health Website every two months at: ***www.gov.pe.ca/environmentalhealth.***

The new public access policy ties in with direction received from the Information and Privacy Commissioner requiring the Department of Health to release certain information in accordance with the *Tobacco Sales and Access Act* and the Eating Establishments and License Premises Regulations under the *Public Health Act*.

This new disclosure system will provide the public with timely access to information concerning compliance of businesses and operators with provincial regulations. Easier public access to information will help citizens make informed decisions and will encourage operators to achieve higher standards. The department is working closely with Information Technology staff of the Department of Provincial Treasury to permit the posting of food service inspection reports. Until that time, summary information of health orders, warnings and fines will be posted to the Department of Health Website.

Safer Health Care Now! Campaign

The PEI Department of Health has begun work on the Safer Health Care Now! Campaign. It is a grassroots, pan-Canadian campaign aimed at reducing the number of preventable injuries and deaths related to situations such as infections and medication incidents. The campaign involves the implementation of eight evidenced-based interventions and strategies including:

- Improved care for acute myocardial infarction;
- Prevention of central line-associated bloodstream infection;
- Prevention of adverse drug events by implementing medication reconciliation;
- Implementation of rapid response teams;
- Prevention of surgical site infection;
- Prevention of ventilator-associated pneumonia;
- Prevention of adverse drug events by implementing medication reconciliation in long-term care;
- National collaborative on falls in long-term care.

The PEI health sector is presently involved in five of these initiatives: 1) improved care for acute myocardial infarction; 2) prevention of adverse drug events by implementing medication reconciliation; 3) prevention of surgical site infection; 4) prevention of adverse drug events by implementing medication reconciliation in long-term care; and 5) national collaborative on falls in long-term care. Other initiatives will be implemented when staffing/resources permit.

Results Achieved:

Quality of Services

Patient Satisfaction

Reported patient satisfaction with any health care service, community-based services, hospital services and physician services were measured in the Canadian Community Health Survey.

Community-based care includes any health care received outside of a hospital or doctor's office. Examples include home nursing care, home-based counseling or therapy, personal care, and community walk-in clinics. For the purpose of this survey, physicians included family doctors and medical specialists, but excluded services received in a hospital.

The table reports the per cent of survey respondents, aged 15 and over, who rated themselves as either "very satisfied" or "somewhat satisfied" with the way services were provided in the previous 12 months.

Proportion who reported they were "very satisfied" or "somewhat satisfied" with health services, aged 15 and over, 2005

	any health care service	community care services	hospital care	physician care
PEI	88.7%	86.8%	86.9%	93.1%
Canada	86.0%	82.1%	81.4%	91.6%

Source: Statistics Canada, Canadian Community Health Survey, 2005

- The majority of Islanders and Canadians were "very satisfied" or "somewhat satisfied" with the various health services they received in 2005.

Quality of Health Services

Perceptions of service quality were measured through the Canadian Community Health Survey. The table below reports the percentage of the population rating any health care service, community-based services, hospital care and physician care as "excellent" or "good." Community based care services include home nursing care, home based counseling or therapy, personal care and community walk-in clinics.

Proportion of the population who rated the quality of health care services received as "excellent" or "good", aged 15 and over, 2005				
	any health care service	community-based services	hospital care	physician care
PEI	88.8%	82.0%	90.3%	93.1%
Canada	86.0%	79.1%	82.5%	91.3%

Source: Statistics Canada, Canadian Community Health Survey, 2005

- Islanders and Canadians generally responded positively about the quality of care they received, 88.8 per cent rated the quality of any health care service on PEI as "excellent" or "good."

- In all four areas of health service, the PEI rate was above the Canadian rate.

3. Health Workforce

Key Strategies & Initiatives

Recruitment and Retention

Government is committed to maintaining an adequate supply of health professionals in Prince Edward Island. A number of initiatives have been implemented to meet this challenge. Active recruitment was carried out throughout the year for a variety of health professionals and additional initiatives were implemented to deal with some of the positions that were more difficult to fill.

Recruitment and Retention Secretariat

Since the restructuring of the Department of Health in 2005, there have been various recruitment initiatives across many departmental divisions. In March 2008, the Recruitment and Retention Secretariat was established to consolidate recruitment efforts, and to build a coordinated and concentrated effort on health care recruitment and retention. The secretariat provides a central resource to the health care recruitment and retention effort for government.

The secretariat is a five-member team, including a director, human resource planner, health recruiter, physician recruitment coordinator and administrative support. The secretariat oversees recruitment and retention efforts for physicians and nurses, as well as other health care professionals.

Physician's Master Agreement

The enhancement of physician services continues to be a priority of government. The Master Agreement expired on March 31, 2007. Many advancements have been made and this agreement will continue to support government's priority in this area.

Negotiations for a new Master Agreement commenced with the Medical Society of PEI in October 2006. During 2007-2008, negotiations continued to reach a settlement. The Agreement covers fee-for-service physicians, salaried physicians, out-of-province physicians, specialists and a number of provisions including on-call, sessional payments, employee benefits, hours of work and administrative stipend.

A number of priorities have been identified for negotiations, including the following:

1) Improve fee codes that remunerate hospital-based care.
2) Reduce the income disparity between salaried, contract and fee-for-service physicians.
3) Eliminate the Rural Stabilization initiative and introduce alternate measures to recruit and retain physicians.
4) Reduce the number of unaffiliated patients.
5) Maintain fee code competitiveness between PEI and Maritime provinces.

Family Medicine Residency Program

The Prince Edward Island Family Medicine Residency Program was launched in December 2007, in conjunction with Dalhousie University Faculty of Medicine. The program is designed to provide a post-graduate training program dedicated to improving the general health and well-being of Islanders through the provision of family medicine training.

The program is in the planning stages with Dalhousie officials and the medical community. A site administrator has been hired for the program who began work in March 2008. Five first-year residents are anticipated to begin training on Prince Edward Island in July 2009.

The program will facilitate the clinical experiences for medical students and residents who come to PEI to train in family medicine. Most of these rotations will occur on PEI with several specialty rotations offered off Island. The program will also provide opportunities to specialty residents from other medical schools to complete elective rotations on the Island.

Physician Recruitment Strategy

The Prince Edward Island Physician Recruitment Program was implemented in 2000 to address physician recruitment and medical education challenges. Building on success, a PEI Enhanced Physician Recruitment/Retention and Medical Education Strategy was introduced in April 2006. This new program offers initiatives to address the financial, professional and lifestyle concerns of today's physicians and focuses on three distinct groups: 1) physicians in training, 2) physicians being recruited to the Island, and 3) physicians currently in practice on PEI.

The physician complement and number of physicians practicing on PEI were at an all time high in 2007/2008. In March 2008, the approved physician complement (total number of allowable positions for physicians) on PEI was 212.1 full-time equivalents (FTEs), up from 209.9 in March 2007. The total number of filled positions was 198.3 FTEs, up from 195.7 in March 2007.

Medical Education Program

The Medical Education Program continued to provide training opportunities in 2007/2008. The program is administered under the Department of Health which works closely with Dalhousie Medical School in Halifax. Residents in medical schools across Canada are also welcomed by available teaching physicians.

Residents are doctors enrolled in post-graduate training after receiving their medical degrees. A residency is otherwise known as an apprenticeship. This is a time where doctors apply theoretical skills and develop clinical skills in practice. Family practice residents apprentice for two years while residents in other specialities spend from four to seven years acquiring their expertise.

Medical residents spend time with preceptors - qualified doctors who mentor them. When Island physicians work with medical residents it is beneficial for both since such teaching opportunities are one of the most rewarding aspects of medical practice. Teaching helps demonstrate pride in one's craft, helps sustain the discipline as a whole, and aids in recruitment efforts.

Medical residencies also provide opportunities to show what the Island has to offer. Encouraging residents to complete clinical rotations on Prince Edward Island provides the Island with an opportunity to influence the resident's choice of where they would like to practice medicine.

Nursing Recruitment and Retention Strategy

Registered nurses comprise the largest group of health care providers on PEI. The PEI Nursing Recruitment and Retention Strategy was implemented in 2000 to address the pending shortage of registered nurses (RNs) in the province. This strategy, renewed for 2004-2008, is designed to ensure that the province maintains an adequate supply of RNs now and into the future, while enhancing the quality of work for Island RNs.

The strategy has two components, the Bachelor of Nursing (BN) Sponsorship Program and the BN Student Summer Employment Program. The BN Sponsorship Program provides financial assistance to third and fourth year nursing students who agree to work in the province upon graduation. The BN Student Summer Employment Program provides summer employment to nursing students who successfully completed their second or third year of study.

Radiation Therapist Sponsorship

A sponsorship program was put in place for Islanders to receive radiation therapy training. Initially an agreement was made with Capital Health in Nova Scotia to provide for an Island student to receive radiation therapy training at the Michener Institute in Toronto, Ontario with clinical training provided by the QEII Health Sciences Center in Halifax, Nova Scotia. This year Island students in the Radiation Therapy Program at Michener Institute were approached to ascertain their interest in sponsorship and one student signed a return-in-service with the PEI Cancer Treatment Centre. This student graduated and commenced employment in the summer of 2007.

Medical Laboratory Technologists Seats

Medical laboratory technologists provide laboratory testing related to the diagnosis, treatment and monitoring of disease. In 2003, the PEI and New Brunswick provincial governments entered a three-year agreement which provides qualified Islanders guaranteed access to three seats each year in the Medical Laboratory Technology diploma program at the Community College in Saint John, New Brunswick. This agreement has been extended to 2009. A two year return-in-service agreement will ensure students can secure employment on PEI when they complete the training.

Internationally Educated Health Professionals (IEHPs) Atlantic Connection

The PEI Department of Health, along with the Nova Scotia Department of Health and the New Brunswick Department of Health, is undertaking an initiative aimed at understanding the services offered to Internationally Educated Health Professionals (IEHPs), the professionals' satisfaction with these services, and what might be done to retain these essential professionals.

Currently there are seven projects underway, including Welcome to NS & PEI for IEHPs, Bridging Program for Licensed Practical Nurses (LPNs), Environmental Scan and Gap Analysis - International Medical Graduate (IMG)/IEHP Continuing Education, Web Portal for Internationally Educated Nurses (IENs), Orientation to the Canadian Health Care System, Assessment Centre for IENs and Bridging Programs for IENs. Additionally, four new projects were approved for funding, including Recent Immigrants to PEI: Stories & Voices from Health Care Professionals, IEHP Integration Framework, Clinical Assessment for Practice Program Physician Orientation and PEI Assessment - Orientation - Referral Project.

PEI Health Professional Registration Database Project

The PEI Health Professional Registration Database Project provides a number of health professional associations with the capability to electronically capture and manage registration data and provide annual information to the Department of Health to assist in human resources planning. There are 15 professional associations participating in this project.

Musculo-Skeletal Injury Prevention Program

As a result of the recommendations made by the 2005-2007 PEI/Health Canada Healthy Workplace Initiative entitled *The Musculoskeletal Injury Prevention Strategy for Health Care Workers*, a provincial musculoskeletal injury prevention (MSIP) program was created and a provincial coordinator was hired in April 2007. The new program's priorities focused on developing provincial MSIP standards as well as progressing MSIP programming across the province at the site level. A provincial MSIP policy committee was formed and a draft policy was nearing completion in March 2008. Stakeholder consultations on the policy are planned for 2008-09. MSIP training for all Department of Health sites and health care professional education programs is now organized provincially by the program coordinator. An education and networking day was provided for all MSIP trainers in February 2008.

One of the provincial coordinator's roles is to act as a consultant regarding injury prevention issues. As part of this role, ergonomic assessments were conducted by the coordinator on a pilot basis between October 2007 and March 2008 with recommendations to follow. The program coordinator was also able to provide advice on a variety of processes/projects throughout the year, including injury tracking, equipment inspection/maintenance and the electronic health record project.

Results Achieved:

Health Workforce

Long term quality and sustainability of the health care delivery system requires a sufficient supply of skilled health human resources. A variety of efforts directed toward recruitment, retention and employee wellness have been undertaken at all levels of the health system.

Number of Employees

The following table shows the number of full-time equivalent (FTE) positions in the Department of Health at the end of the fiscal year in 2006, 2007 and 2008.

Full time equivalents (FTEs) in the Department of Health, as of March 2006 to 2008

	as of March 2006	as of March 2007	as of March 2008
Management	130	129	127
Front Line Staff	2,888	2,905	3,044
Total FTEs	3,018	3,034	3,171
Rate of increase over prior year	–	0.5%	4.5%

Source: PEI Department of Health, Human Resources

- There was a slight increase in the number of FTEs for front line staff from March 2006 to March 2008 and a slight decrease in the number of FTEs in management.

Employee Sick Hours

Sick leave usage is related to a variety of factors. For instance, collective agreements (articles utilize sick leave balances for medical appointments and addictions treatment), organizational culture and staffing issues can all contribute to increases or decreases in the usage of sick time. The following table presents sick leave utilization in the Department of Health for 2005/2006 to 2007/2008.

Sick leave utilization in the Department of Health, 2005/06 to 2007/08

	2005/06	2006/07	2007/08
Total Hours	7,521,178	6,957,205	7,243,408
Total Sick Hours	280,324	279,279	280,111
Sick hours as a percentage of total hours	3.7%	4.0%	3.8%
Average number of sick days per year used per FTE*	12.4	12.3	11.8

Source: PEI Department of Health, Human Resources

* *FTE is "full time equivalent" and refers to full-time hours which is 1950 hours per year.*

- The average number of sick days between 2005/2006 and 2007/2008 remained relatively constant.

Statistics indicate that health care has an increased incidence of employee absence compared to other industries. In 2006, full-time employees in health occupations lost an average of 11.6 days of work due to own illness or disability per year in Canada, compared with 7.5 days lost by employees in all other occupations (Canada's Health Care Providers, 2007, CIHI). Many factors contribute to this including the aging employee population and the 24 hour shift environment.

Workers Compensation Board Claims

Workers Compensation Board claims*,	
	2007/08
Claims Filed	289
Time Loss Claims	121
Days Lost	8,872.3

Source: Workers Compensation Board, PEI (Statement of Account report and Regular Time Loss Payments report for the Department of Health)

* *Includes Department of Health numbers only. In previous annual reports, both the Department of Health and the Department of Social Services and Seniors numbers were included. In subsequent annual reports, the 2007/08 data will be used as a baseline to trend future Workers Compensation Board information for the Department of Health.*

Recruitment and Retention

Attrition Rates

For the twelve month period ending December 31, 2007, the rate of attrition for Department of Health permanent employees was approximately 3.5 per cent, which is lower than the 5.5 per cent attrition rate in 2006. In summary, 140 permanent employees exited the system during that one year period for the following reasons: resignation (60.8 per cent); retirement, including voluntary retirement (28.6 per cent); and other reasons, including long-term disability with no recall, discharge/dismissal, death, etc. (10.6 per cent).

Health Professionals

The number of health professionals per population of 100,000 is an indicator used provincially and nationally to monitor and compare trends.

Health professionals, number per 100,000 population: 2003-2006

	2003		2004		2005		2006	
	Canada	PEI	Canada	PEI	Canada	PEI	Canada	PEI
registered nurses	760	994	769	1,000	776	1,044	772	1,030
licensed practical nurses	199	448	198	456	200	439	205	432
general/ family physicians	97	88	97	95	98	89	98	92
specialist physicians	91	54	92	57	93	55	93	58
pharmacists	87	108	89	110	91	116	83	102
dentists	58	44	57	47	58	45	58	45
physiotherapists	49	38	49	37	49	35	49	40
occupational therapists	33	25	34	25	35	24	36	25
dental hygienists	53	49	55	36	57	42	59	43
chiropractors	21	E	21	6	22	6	23	6
optometrists	12	11	12	11	12	13	13	14
dietitians	24	44	24	44	25	46	26	41

Source: CIHI, Health Indicators 2005 - 2008

- From 2003-2006, the number of registered nurses, licenced practical nurses, pharmacists and dietitians per 100,000 population on PEI was higher than comparable national rates. In fact, the PEI rate for licensed practical nurses was more than twice the national rate.

- PEI had a lower number of health professionals per 100,000 population when compared nationally for physicians, dentists, dental hygienists, physiotherapists and occupational therapists. It is important to note, however, that Islanders receive some services, such as medical specialist consults, out-of-province. Thus, while the number per 100,000 of some health professionals may be lower on PEI than elsewhere, Islanders may still have appropriate access to these services, but on an out-of-province basis. In addition, these figures are affected by provinces that have training schools/educational institutions; therefore, in some provinces figures are falsely high when compared to PEI.

Physician Recruitment Success

All provinces are experiencing physician shortages in both family medicine and specialty areas. Vacancies in the physician complement, whether in family medicine or a specialty area, affect services to the general public. The province is responding to the issue of physician shortages and vacancies in the physician complement through ongoing recruitment efforts coordinated by the newly created Recruitment and Retention Secretariat established in March 2008.

The following table reports on the total physician complement and number of positions filled within that complement for 2006 to 2008. The physician complement is the total number of allowable positions for physicians in PEI.

Physician complement and filled positions, PEI: 2006 - 2008

	as of March 2006		as of March 2007		as of March 2008	
Physician practice area	complement	filled*	complement	filled*	complement	filled*
Family Practice	84.6	79.1	84.6	82.1	84.6	77.2
Family Practice-Other**	–	–	24.5	20.6	26.7	23.3
Specialists	118.5	104.6	100.8	93	100.8	97.8
TOTALS	203.1	183.7	209.9	195.7	212.1	198.3

Source: PEI Department of Health, Medical Programs

* *Filled positions reflect full-time equivalent permanent positions which could be filled by permanent physicians or locums.*

** *Family Practice-Other consists of the following: Addictions, Geriatrics, Hospitalist, Medical and Radiation Oncology Clinical Associates, Pain Clinic, Palliative Care and Emergency Physicians. In previous years, these were included under Specialists.*

- The physician complement on PEI increased by nine positions (4.4 per cent) from March 2006 to March 2008 (203.1 to 212.1).
- More physicians are working in PEI than in 2006. The number of FTE physician positions filled has increased from 183.7 in 2006 to 198.3 in 2008 (7.9 per cent).
- The alternate payment model for physicians has enhanced recruitment and made coming to PEI more attractive. This has helped PEI to stay competitive with the other provinces.

Nurse Recruitment

Registered nurses comprise the largest group of health care providers on PEI. The Nursing Recruitment and Retention Strategy was implemented to address the pending shortage of registered nurses (RNs) in the province and to ensure an adequate supply over the long term. The strategy includes the Bachelor of Nursing (BN) Sponsorship Program and the BN Student Summer Employment Program. The following table reports on participation and uptake in these programs from 2004/2005 to 2007/2008.

PEI Nursing Recruitment and Retention Strategy, 2004/05 to 2007/08				
	2004/05	2005/06	2006/07	2007/08
Number of BN sponsorships (for 3rd and 4th year)*	77	32**	71	62
Number of students in BN Student Summer Employment Program	78	n/a***	63	69

Source: PEI Department of Health, PEI Nursing Recruitment and Retention Strategy

* *The number of student sponsorships represents the total number of years of return-in-service agreements.*

** *During 2005-06, the sponsorship was suspended for one year; Government committed to sponsoring the 32 students in their 4th year of study (nursing students with sponsorship who completed their 3rd year).*

*** *During 2005-06, the BN Summer Employment Program was suspended for one year.*

- Between 2004/2005 and 2007/2008, 242 sponsorship years were provided to nursing students through the BN Sponsorship Program.

4. Health System Efficiency, Effectiveness and Innovation

Key Strategies & Initiatives

Electronic Health Record / Clinical Information System Project

The (interoperable) Electronic Health Record/Clinical Information System (iEHR/CIS) Project is in the process of delivering an electronic clinical information system to all hospitals and two community health centres in PEI. The iEHR/CIS is comprised of an integrated suite of Cerner applications. In April 2008, the following functionality will go live across the province: Registration, Scheduling, Medical Records, Labs (General, Microbiology, Anatomic Pathology and Blood Bank), Pharmacy Dispensing and Inventory, charting of patient vital signs, interfaces to systems providing diagnostic imaging results, specialist consultations, etc., and other applications that support the operation of the hospital like Charge Services that automatically sends charges to the Health Financial System for invoicing as appropriate. The project is continuing with implementation of Clinical Documentation for nursing and physicians, Surgical and Emergency Department solutions, as well as full order entry. Benefits of the iEHR/CIS include: improved secure access by clinicians to patient information, improved patient safety, reduced duplication of tests, improved service efficiencies, supports to health accreditation clinical requirements, and improved recruitment and retention of staff.

Capital funding for the project was secured through several partnerships, including the Canada Medical Equipment Fund, Canada Health Infoway, the Hospital Foundations and the Province of PEI. Preparation for the iEHR/CIS Project began in September 2005 with the development of a provincial project structure comprised of representatives from each hospital and the project was officially initiated in January 2006. The iEHR/CIS project is a complex, multi-phased project. Phase 1, described above, is scheduled to be implemented from April to June 2008. The remaining applications will be implemented in subsequent phases throughout the 2008-2009 and 2009-2010 fiscal years.

Drug Information System

The Department of Health, in collaboration with the Department of Social Services and Seniors and Provincial Treasury Information Technology Shared Services (ITSS), has implemented Canada's first province-wide Drug Information System (DIS) to all Island pharmacies. The DIS captures information on all prescription drugs dispensed to Island residents and provides pharmacists, physicians, and other health care professionals with access to important information on their patients' medications.

The DIS will reduce the potential for harmful drug interactions, prescription errors and adverse reactions. It will eliminate the need for patients to repeat their medication history at each encounter with a pharmacist or physician. The system will enhance patient care by promoting the partnership between health care professionals.

The ***Pharmaceutical Information*** *Act* was proclaimed in March 2007 and the enforcement date was January 1, 2008. This Act establishes how patient information is to be collected, accessed, and used in the Drug Information System. The *Pharmaceutical Information Act* and associated Regulations contain many provisions that will safeguard patient information and ensure that patient privacy is protected.

PEI Pandemic Influenza Contingency Plan

The PEI Pandemic Influenza Contingency Plan for the Health Sector was released in December 2006. The plan outlines a number of strategies to deal with pandemic influenza including the use of public health measures such as public education, closing schools and limiting indoor public gatherings, infection prevention and control, vaccination of the population, the use of antiviral medications, and maximizing human resource capacity through the development of essential service plans and business continuity plans. The aim in a pandemic influenza is to reduce the impact of the illness on the health of Islanders as well as to minimize societal disruption.

In order to mitigate and prepare for a pandemic influenza, the health system has further developed the strategies outlined in the plan. This year has focussed on the following strategies:

- Development and testing of site and program specific operational pandemic plans.
- Stockpiling anti-viral medication and pandemic supplies, including personal protective equipment for health care workers (approximately $740,000 has been invested to date).
- Training on the Incident Management System, an emergency management system to ensure a consistent and collaborative health response in any emergency, including an influenza pandemic (approximately 180 health system staff have received training to date).

Infection Prevention and Control Strategy

A new Infection Prevention and Control Strategy is being developed to strengthen the Department of Health's ability to deal effectively with current and emerging diseases. The strategy will be implemented on an integrated basis in a variety of health care facilities across Prince Edward Island.

The Infection Prevention and Control Strategy will focus on five areas:

- Strengthening the health system's infection prevention and control capacity;
- Creating clear lines of accountability, roles and responsibilities;
- Developing and monitoring provincial standards for infection prevention and control;
- Creating opportunities for education and training;
- Enhancing provincial coordination of infection prevention and control activities.

The Department of Health will hire 2.6 permanent, full-time-equivalent, infection prevention and control professionals, doubling the current resources in this area. These experts will have specialized training in the identification, investigation, prevention, and control of disease and infection as well as outbreak management. A temporary, full-time coordinator will also be hired to lead in the development of the strategy. This strategy will improve the surveillance and reporting practices across the province, helping Island health care facilities meet national accreditation standards.

Provincial Health System Accreditation

In 2007/08, the Department of Health received national accreditation by the Canadian Council on Health Services Accreditation (CCHSA). CCHSA is a national, non-profit, independent organization whose role is to help health service organizations across Canada and internationally examine and improve the quality of care and service they provide to their clients. All client programs, services and hospitals in the PEI provincial health system were evaluated during an accreditation survey conducted in the fall of 2007.

Accreditation is voluntary and takes place every three years as part of the Department of Health's ongoing quality improvement process. The recent survey visit was conducted by 10 surveyors from across the country and included a review of documentation, team interviews, facility tours, and focus group meetings with staff, clients, and community partners.

In the recommendations from CCHSA, three common themes emerged across the provincial healthcare system, including patient safety, infection control and medication practices. Quality teams will develop work plans for each of the recommendations that need to be addressed and follow-up reports will be sent to CCHSA to demonstrate progress.

The survey results also identified many strengths in the Island healthcare system. The Department of Health is recognized for implementing best practices, improving integration and standardizing processes in several areas. CCHSA commended the department for its efforts in building strong community partnerships, and for the positive work life culture that exists throughout the health system. This is the first accreditation survey since the Department became a provincial health system in 2005.

Results Achieved:

Health System Efficiency, Effectiveness and Innovation

Health System Expenditures

PEI Health System program expenditures (in current dollars and reported in millions), 2003/04 to 2007/08*					
	2003/04	2004/05	2005/06	2006/07	2007/08
health care expenditures	$324.4 M	$326.7 M	$334.9 M	$344.4 M	$376.8 M

Source: PEI Department of Health, Finance and Administration

* *These numbers have been adjusted retroactively from previous annual reports to reflect the move of Provincial Pharmacy from health expenditures to social services expenditures.*

- In 2007/2008, the provincial government spent $376.8 million on the delivery of health care.
- For the five year period between 2003/2004 and 2007/2008, health system spending increased by $52 million or 16 per cent.

Health System Costs Per Capita

PEI Health System costs per capita (in current dollars): 2003/04 to 2007/08*					
	2003/04	2004/05	2005/06	2006/07	2007/08
health care costs per capita	$2,355	$2,371	$2,425	$2,486	$2,721

Source: PEI Department of Health, Finance and Administration

* *These numbers have been adjusted retroactively from previous annual reports to reflect the move of Provincial Pharmacy from health expenditures to social services expenditures.*

- In 2007/2008, average cost per capita for provincial government spending for health care on PEI was $2,721.
- For the five year period between 2003/2004 and 2007/2008, per capita costs for health care increased by $366 per capita or 16 per cent.

Staff Satisfaction

In November 2006, the Department of Health conducted its first employee survey since the 2005 restructuring from the former Department of Health and Social Services and five regional health authorities. Results of employee surveys assist the department in identifying areas for improvement and are factored into divisional and departmental planning.

Previous employee surveys have been conducted; however, the results from past surveys were not comparable to the 2006 survey for various reasons. Not all surveys had the same questions, different rating scales were used, and the way the surveys were analyzed varied. Results from the 2006 survey will be compared to the results of future surveys. The next Department of Health employee survey will be conducted in the Fall of 2008.

Results from the 2006 survey were reported as rates. A rate is the degree to which staff are satisfied with a particular aspect of their work. For example, staff are 80 per cent satisfied with coming to work. To interpret this, it means staff are fairly satisfied with this statement, but there is still some room for improvement. It doesn't mean that 80 per cent of staff are satisfied with this statement and 20 per cent are not satisfied.

The 2006 survey had eight content areas and the overall provincial results are as follows:

Department of Health 2006 Employee Survey Provincial Results	
Overall Satisfaction Rate	70%
Job Satisfaction	80%
Work Environment	70%
Communications	67%
Teamwork	70%
Work Load	70%
Training and Development	71%
Supervision	71%
Leadership	64%
Overall, I am satisfied with my job	76%

Legislative Responsibilities

Legislation administered by the health system for which the Minister of Health is responsible:

Adult Protection Act
Change of Name Act
Chiropractic Act
Community Care Facilities and Nursing Homes Act
Community Hospital Authorities Act
Consent to Treatment and Health Care Directives Act
Dental Profession Act
Denturists Act
Dietitians Act
Dispensing Opticians Act
Donation of Food Act
Health Authorities Employees Act
Health and Community Services Reorganization Act
Health Services Act
Health Services Payment Act
Hospital and Diagnostic Services Insurance Act
Hospitals Act
Human Tissue Donation Act
*Licensed Practical Nurses Act**
Long-Term Care Subsidization Act
Marriage Act
Medical Act
Mental Health Act
Occupational Therapists Act
Optometry Act
*Pharmaceutical Information Act**
Pharmacy Act
Physiotherapy Act
Provincial Health Number Act
Psychologists Act
*Public Health Act**
Registered Nurses Act
Smoke-free Places Act
Tobacco Sales and Access Act
Vital Statistics Act
White Cane Act

**Changes to Act or Regulations in 2007/2008.*

NOTE:
There are two other statutes that are private member's bills, not in the province's official consolidation, but are considered to be within the responsibility of the Health Ministry:

Dental Technicians Association Act
Funeral Directors and Embalmers Association Act

Legislative Changes

Acts

- *An Act to Amend the Pharmaceutical Information Act* received Royal Assent and came into force on November 2, 2007. This amendment exempts pharmacists who are dispensing drugs from a hospital pharmacy that are to be administered to patients within the hospital from the application of the Act, such that drugs dispensed and administered to patients within a hospital are not recorded in the Drug Information System. The amendment also specifies that only drugs dispensed to residents of PEI are to be recoded in the Drug Information System.

Regulations

- The Notifiable and Communicable Disease Regulations made under the *Public Health Act* were amended effective May 12, 2007. Certain diseases were added and others removed from the list of notifiable diseases, the occurrence of which is to be reported to the Chief Health Officer.

- The Licensed Practical Nurses Act Regulations fee schedule was amended January 22, 2008 and deemed to be effective April 1, 2006.

Appendix A

Summary of Expenditures

	2007/08 EXPENSES $	2007/08 ESTIMATES $
Corporate Services	5,874,274	6,150,100
Financial Services	6,075,039	6,074,800
Population Health	3,356,709	3,690,700
Medical Programs	111,187,125	108,665,400
Provincial Acute Care		
Queen Elizabeth Hospital	94,985,672	94,182,800
Prince County Hospital	35,365,201	35,275,100
Hillsborough Hospital	9,542,638	9,398,100
Community Hospitals		
Western Hospital	4,852,251	4,464,300
Community Hospital	4,517,593	4,392,300
Stewart Memorial Hospital	2,438,114	2,368,200
Kings County Memorial Hospital	6,291,024	6,069,100
Souris Hospital	4,053,142	4,146,200
Community Hospitals Total	22,152,124	21,440,100
Provincial Homes and Manors	42,259,983	40,913,500
Home Care and Support, Dialysis	10,971,783	11,287,900
Private Nursing Homes	12,430,210	13,260,100
Primary Care	23,990,880	26,025,200
Health Informatics	43,670	3,555,400
TOTAL DEPARTMENT OF HEALTH	$ 378,235,308	$ 379,919,200

Appendix B

Revenue Summary

	2007/08 EXPENSES	2007/08 ESTIMATES
Department of Health - Revenue	**$ 22,317,115**	**$ 21,139,000**
Department of Health - Expenditures	**378,235,308**	**379,919,200**
Net Ministry Expenditure	**$ 355,918,193**	**$ 358,780,200**